



IDAHO DEPARTMENT OF HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBRA RANSOM, R.N., R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0036
PHONE 208-334-6626
FAX 208-364-1888

December 17, 2008

David Selman, Administrator
Shoshone Medical Center
25 Jacobs Gulch Road
Kellogg, Idaho 83837

RE: Shoshone Medical Center, provider #131314

Dear Mr. Selman:

This is to advise you of the findings of the Medicare/Licensure Fire Life Safety Survey, which was concluded at your facility, Shoshone Medical Center, on December 10, 2008.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicare deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,
5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

David Selman, Administrator
December 17, 2008
Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by **December 30, 2008**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208)334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mark P. Grimes', with a long horizontal flourish extending to the right.

MARK P. GRIMES
Health Facility Surveyor
Facility Fire Safety and Construction Program

MPG/lj

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 12/17/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131314	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	(X3) DATE SURVEY COMPLETED 12/10/2008
NAME OF PROVIDER OR SUPPLIER SHOSHONE MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 25 JACOBS GULCH ROAD KELLOGG, ID 83837		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	<p>INITIAL COMMENTS</p> <p>Shoshone Medical Center is a Type I (332) building subdivided into three smoke zones and is licensed for 25 beds. The building is fully sprinklered with a detached non-sprinklered driveway canopy. The facility is protected by a manual fire alarm system with corridor and patient room smoke detection and has a type 1 Essential Electrical System and level 1 medical gas system. The facility was opened January 2005, and is surveyed under the provisions of New Health Care Occupancies of the 2000 Edition, Life Safety Code.</p> <p>The following deficiencies were noted during the Life Safety Code survey conducted on December 10, 2008 in accordance with 42 CFR 482.41 (b)</p> <p>The surveyor conducting the survey was:</p> <p>Mark P. Grimes, Supervisor Facility Fire Safety & Construction</p>	K 000	<p>RECEIVED</p> <p>JAN 2 2009</p> <p>FACILITY STANDARDS</p>	
K 050	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 18.7.1.2</p>	K 050		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature]

CFO

12-22-08

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 050	Continued From page 1 This Standard is not met as evidenced by: Based upon record review and staff interview the facility failed to ensure staff was familiar with; and trained in emergency procedures by conducting fire drills on a regular basis. This deficiency affects all patients, staff and visitors of the facility. Census on the date of the survey was seven. Findings include: During the record review on 12/10/08 at approximately 1:30 pm fire drill records revealed that only one drill had been conducted during the second and fourth quarter of the previous 12 months. Failure of the facility to conduct drills and train staff in emergency procedures would impact the prompt evacuation or movement of patients to safety in the event of a fire. This finding was acknowledged by the facility manager.	K 050	<ul style="list-style-type: none"> • Drills are conducted according to Life Safety Code. Documentation will be detailed and accurate. • Currently doing drills per code and system is in effect to document precisely. • Scheduled on a PM program Drills done on a Bi-monthly program. In Place 12-15-8 		
K 064	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1, NFPA 10. 18.3.5.6 This Standard is not met as evidenced by: Based upon observation and record review the facility failed to provide annual servicing of portable fire extinguishers with the facility. This deficient practice would affect all patients, staff and visitors in the facility. The census on the date of the survey was seven.	K 064		<p>Completed Date 12-19-8</p>	

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K 064	Continued From page 2 Findings include: Observation on 12/10/08 between 12:45 pm and 1:30 pm, revealed the fire extinguishers within the building had not been professionally serviced within the last 12 months. Failure to provide annual service could allow emergency equipment to fail in a fire situation, allowing fire to spread beyond the incipient phase. This deficient practice was acknowledged by the facility manager.	K 064	<ul style="list-style-type: none"> • Currently we changed companies to inspect / repair as needed. • Contract is active w/ Simplex Grinnell • Extinguishers to date as of 12/16/2008 • System in place to record & inspect <p>Completed Date 12-16-2008</p>		
K 144	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This Standard is not met as evidenced by: During the record review on 12/10/08 at approximately 1:30 pm, records revealed the facility failed to ensure that generator testing was conducted on a monthly basis. Failure to test the generator could lead to a lack of function during a power outage endangering all patients and staff. Census on the date of the survey was seven. Findings include: Facility records reveal that no tests were conducted on the emergency generator during	K 144	<ul style="list-style-type: none"> • Generator is done and tracked w/ same PM Program as Fire Drills. in place as of 6/08. • Generator is also annually tested w/ an outside company. <p>Completed Date 12-17-08</p>		

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K 144	Continued From page 3 the first half of calendar year 2008. Records showed monthly testing of the generator from June through October and in December of 2008 only. This deficient practice was acknowledged by the facility manager.	K 144			

Bureau of Facility Standards

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B 000	<p>16.03.14 Initial Comments</p> <p>Grimes, Mark</p> <p>Shoshone Medical Center is a Type I (332) building subdivided into three smoke zones and is licensed for 25 beds. The building is fully sprinklered with a detached non-sprinklered driveway canopy. The facility is protected by a manual fire alarm system with corridor and patient room smoke detection and has a type 1 Essential Electrical System and level 1 medical gas system.</p> <p>The following deficiencies were noted during the Life Safety Code survey conducted on December 10, 2008 in accordance with 42 CFR 482.41 (b) and IDAPA 16.03.14</p> <p>The surveyor conducting the survey was:</p> <p>Mark P. Grimes, Supervisor Facility Fire Safety & Construction</p>	B 000	<p>RECEIVED</p> <p>JAN 12 2009</p> <p>FACILITY STANDARDS</p>	
BB162	<p>16.03.14.510.02 Life Safety Code Requirements</p> <p>Life Safety Code Requirements. The hospital shall meet such provisions of the "Life Safety Code", 1985 Edition, of the National Fire Protection Association as are applicable to Health Care Occupancies which is incorporated by reference.</p> <p>Any hospital in compliance with either the 1967 Edition of the "Life Safety Code" or the 1981 Edition of the "Life Safety Code" prior to the effective date of these rules is considered to be in compliance with this section so long as the hospital continues to remain in compliance with that Edition of the "Life Safety Code." Life Safety Codes are available in the licensing agency of the Department.</p>	BB162	<p>Refer to Fed Form 2567</p>	

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BB162	Continued From Page 1 Remodelings, additions, and/or upgrading of building systems in existing hospitals shall meet the minimum standards set forth in the 1985 Edition of the "Life Safety Code" for new construction. In the event of a conflict between the applicable edition of the Life Safety Code and applicable state or local building, fire, electrical, plumbing, zoning, heating, sanitation or other applicable codes, the most restrictive shall govern. This Rule is not met as evidenced by: Refer to the following deficiencies listed on Federal form 2567: 1. K050 Fire Drills 2. K064 Fire Extinguishers 3. K144 Generator Testing	BB162			